

On the Beat

Minneapolis VA Health Care System
January/February 2013



Fort Snelling Housing Plan Unveiled – Page 2



Women's Health
Page 3

Homeless Count
Page 4

Gulf War Illness
Page 6

PTSD Resiliency
Page 7

Parking Ramp
Page 10



Building 211



Building 214



Building 210

Fort Snelling Upper Post Project for Homeless Veterans Advances After Public Meeting

Despite sub-zero temperatures outside, more than 50 people attended a Jan. 23 public meeting at the Minneapolis VA Medical Center to learn the status of a proposal to rehab five buildings on the historic Fort Snelling Upper Post for housing for homeless veterans. The meeting was required under the National Historic Preservation Act of 1966 to allow public input before changes on properties that appear on the National Register of Historic Places.

In December 2011, the VA awarded CommonBond Communities of St. Paul, the Midwest's largest nonprofit developer of affordable housing, an enhanced use lease (EUL) to restore five buildings on the Upper Post as part of the VA's Building Utilization Review and Repurposing (BURR) initiative. The BURR initiative is a VA strategic effort to identify and repurpose underutilized VA land and buildings nationwide in support of VA's goal to end Veteran homelessness. The initiative assesses existing federal real estate with the potential to develop new housing opportunities for homeless Veterans through public-private partnerships and VA's EUL program.

The buildings date back to the early 1900s. Two of the larger buildings served as horse stables for the American cavalry, and two others were quartermaster quarters. They have not been used since WW II.

During the Jan. 23 meeting, architects presented detailed plans. Buildings 210, 211 and 214 (pictured above) will be rehabbed into studio and one-bedroom apartments (see picture below). Buildings 227 and 229 will become homes for families. They will have a total of 6 two-bedroom and three-bedroom units.

Rick Thomas, Tribal Historic Preservation Office Director of the Santee Sioux Nation, traveled from Nebraska to comment at the meeting. He asked that the government create a memorandum of understanding with the Santee nation to acknowledge their historic presence in the area. He described the movement of the Santee Sioux nation to reservations in Nebraska following the Sioux Uprising in southern Minnesota in 1862. About 1600 Santee Sioux were kept in a Fort Snelling encampment during the winter of 1862-63.



Artist rendering of combined buildings 211 and 214

Jerry Readmond, who volunteers at the VA Community Resource & Referral Center in downtown Minneapolis, described his past experience as a homeless veteran and the need to reach out and provide support to veterans.

In response to a comment from a veteran suggesting that funds should be used to build immediate emergency housing for the homeless, a Common

Bond official said the money to fund the project would not be available except as part of the historic preservation tax credit program. The next step is to receive approval from the State Historical Preservation Office. Construction may begin in the fall of 2013 with occupancy in 2014. The cost is \$11.1 million.

MINNEAPOLIS VA EXPANDS PROGRAMS FOR WOMEN

The Minneapolis VA has received three awards from VA Central Office to improve programs for women veterans.



Erin Krebs, MD, medical director, Minneapolis VA Women's Clinic

The projects are:

- \$19,900 for Women's Health Primary Care Nursing Mini Residency to be held in May 2013. The target audience includes women's health and primary care nursing staff who would like to care for women veterans and want to update their basic skills.
- \$173,074 for Women's Health Tele-pharmacy. Funds will support a dedicated Women's Health Clinical Pharmacy Specialist (CPS) who will use videoconference to provide women's health-specific pharmacotherapy services (e.g., contraceptive counseling, menopause symptom management), as well as chronic disease management services to reduce health disparities among women Veterans. The Women's Health CPS will also be available for telephone or tele-video consultation with Community Based Outpatient Clinic primary care providers.
- \$24,125 in salary support for Minneapolis to serve as an expansion site for the Maternity Care Coordination Telehealth pilot funded at the Greater Los Angeles VA.

The VA also plans to offer specialized nurse training and women's health outpatient services.

"We are committed to providing individualized, sensitive care to women Veterans," said VA Undersecretary for Health Robert Petzel. "These grant-funded projects enable VA to continue to enhance care for women Veterans and exceed patient expectations."

Erin Krebs, MD, medical director of the Minneapolis VA women's health clinic, said it's critical to improve care for women veterans as their population in the military grows. "Even when the health conditions or illnesses are similar, women sometimes really benefit from special services because they are a numerical minority and their experience in the military may be very different from that of men," she said.

Women serve in every branch of the military, representing 15 percent of today's active duty military and nearly 18 percent of National Guard and Reserve forces. By 2020, VA estimates women Veterans will constitute 10 percent of the Veteran population.



HOMELESS GET A BRIEF REPRIEVE FROM THE HARSH WINTER COLD

EDITOR'S NOTE: The annual “point-in-time” (PIT) count of homeless Americans was held January 24. Four two-person teams from the Minneapolis VA Medical Center assisted in the annual effort to identify the homeless. The following is an account of the experience of homeless program outreach worker Caitlin Powers and Public Affairs Officer Ralph Heussner, author of the article.

It's still dark and -6 degrees when we arrive at the drop-in center in south Minneapolis. With the wind chill, it feels more like 20-below! We ask each other, “How can anyone be homeless on a night like this?”

The center, located in the basement of a public housing project, is open 7 a.m. – 11 a.m. three days a week. The space measures about 12' by 40'. There are six couches, card-table, television, pool table and about 50 Rubbermaid storage containers, stacked neatly on makeshift shelves, with the first-names of people who use the drop-in center as their “home.” In most cases, the containers hold all of their worldly belongings.

The drop-in center has two showers, two rest rooms and a laundry. Breakfast – a pan of cold pancakes and a pot of coffee – sits on the table. The syrup bottle is nearly empty.

We meet “Kenny,” a street outreach worker for a local church. Retired, he's been volunteering here for 4 and one-half years. He reviews the protocol to count the homeless.

“The key thing is: We want to know where everyone slept last night.”

It's 7:30 a.m. and six people are here, settling in, taking off layer-after-layer of clothing.

“Was anyone outside last night?” Kenny asks.

No one answers.

“Johnny, where were you?” Kenny asks the man with a heavy orange parka.

“I stayed at Harbor Light,” he answers. “They stayed open all night. I stayed there.” Harbor Light is a shelter closer to the inner city, located about three miles away. Typically, it closes in the evening but remained open all night due to the sub-zero temperatures.

“William, where were you. . .in your tent?” Kenny asks another man.

“No,” William answers. “I stayed with a friend.”

“Have you seen Jimmy in the camp?” Kenny questions.

“Not in about a month,” William answers. “I'm afraid to look inside his tent.”

Based on the criteria of the U.S. Department of Housing and Urban Development, Johnny and William will not be counted as “homeless” this year because they had a place to stay for this night.

Kenny doubts any of the 50 owners of the Rubbermaid bins will be included in the annual “homeless” count but some will be counted as “sheltered.”

“I think everyone found a place last night,” he says.

But everyone who comes here is facing a challenge today. The drop-in center closes at 11 a.m. and they must venture out. Some will spend the day in the library, on the bus, or on the street.

“Johnny, where are you going today?” Kenny asks.

“I'm going to make some money,” Johnny says. “I'm going to go signing.”

“Where do you sign?” Kenny asks.

"Can't tell you. It's a military secret!" Johnny laughs. "I have a good sign. It says, 'Homeless. Help me. Thank you.'"

A 40-ish looking woman with a friendly smile approaches Caitlin. She asks, "Do you know where I can find a computer? I need to check on my eviction status?"

In Hennepin County, the names of people who have been evicted from properties and owe back rent or money for damages appear in court recordings. If your name is on this list, chances of finding another rental property decline dramatically.

"You can go to the Hennepin County Government Center. On the first floor, you will find some computers and you can check your status," Caitlin explains.

There are a few landlords who are willing to work with people whose name are on this delinquent list if they are making a good effort to pay back their obligations. However, they are in the minority.

It's now 8:15 a.m. and "doc" has arrived. Three people have signed up to see him.

"Doc, can I get some Dilantin?" a man asks.

"Let's talk about it in my office," he responds.

After consuming some pancakes, Johnny comes over to talk again with Kenny.

"Can you find me a place?" he asks.

"I'm trying," Kenny answers. "I have some ideas."

"I really need a place," Johnny pleads.

Kenny says, "I'm doing my best,"

"I have an idea," Johnny says. "If I can get a trailer, we can put it in a parking lot and I can live there."

Kenny responds: "Let me work my ideas first."

After removing several sweaters and three sets of clean socks, William is neatly repacking his Rubbermaid container. He puts on the sweaters, two heavy coats and thick head-gear.

"Going to look for Jimmy," he says.

It's 10:30 a.m. and a couple arrives at the drop-in center. Kenny suggests that Caitlin interview them. After a few minutes, she returns. They stayed with friends last night and won't be counted as "homeless." But tonight is another story.

"Doc" has seen his last patient and comes by to chat with our three-member team.

"We have to move the boxes by March 1. Any ideas where we can store their stuff?" Doc asks.

"I know of place that will charge \$35 a month," Kenny says.

"That's too much for every one of our people," Doc says.

"My garage is already full," Kenny says.

"Let me know if you can find a place," Doc responds. "We need the space here because we're adding beds."

It's now 11 a.m. Kenny is heading to another drop-in center for an afternoon shift. Doc will be visiting patients at a free-clinic downtown.

I return to my warm VA office. It takes the car 10 minutes to warm up. Caitlin ventures out into the community to visit clients in the VA's mental health homeless program.

For Johnny, William and others, the reprieve from the cold is over. They won't be warm again for hours and possibly several days. The weather forecast says sub-zero temperatures for the rest of the week.

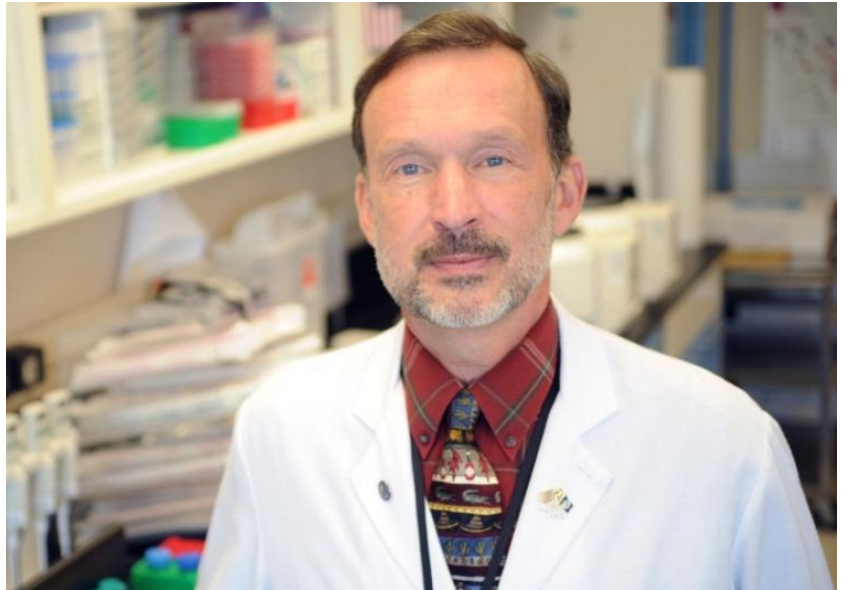
FOLLOWUP – Minnesota is asking HUD to consider harsh temperatures in this year's Point-in-Time count.

Researchers hope this study will produce new insight into the nature of the physical abnormalities that produce multiple symptoms of GWI.

GULF WAR ILLNESS: FINDING ANSWERS NOW THAT MAY HELP FIND TREATMENTS LATER

With so much focus now deservedly placed on medical and other issues facing Iraq and Afghanistan war veterans, many of us may have forgotten that there are hundreds of thousands of veterans who served in another Middle Eastern war – the Gulf War of 1990 and 1991.

And while that war was, in comparison to the Iraq and Afghanistan conflicts, short and fairly free of high mortality and critical injury rates, about 25 to 30 percent of the 697,000 U.S. soldiers (or some 250,000 veterans) who served in that war still suffer from an unexplained chronic multi-symptom disorder now known as Gulf War Illness (GWI).



Ron Bach, PhD, in his VA research laboratory

The symptoms most frequently observed in GWI include: chronic fatigue; chronic pain; cognitive troubles; skin disorders; and gastrointestinal problems. **Ronald Bach, Ph.D.**, research health scientist at the Minneapolis VA Health Care System and associate professor of medicine at the University of Minnesota, is the principal investigator of a study that is now in its third year.

The study includes an extensive blood analysis in which both the blood cells and 90 blood proteins are examined. In addition, information about symptoms and other health-related issues are provided by the veterans.

The goal of this work is to discover biomarkers of GWI. The biomarkers will be identified by the comparison of blood samples from healthy and ill Gulf War veterans. Ultimately, biomarkers may help diagnose the disorder and to guide future treatment studies. So far a total of 75 Gulf War veterans who were in the Kuwaiti theater in 1990 and 1991 have enrolled in the study. The work is funded by a Department of Defense grant of approximately \$600,000 that is administered by the Minnesota Veterans Research and Education Foundation.

In a VA-funded pilot study of 64 Gulf War veterans completed in 2009, just before the current study started, Bach and his colleagues found evidence of chronic inflammation in blood from veterans with symptoms of GWI. The inflammation activations were in the innate immune system which is the body's first line of defense against injury and infection.

Article reprinted from Minnesota Veterans Medical Research & Education Foundation website www.MNVets.org.



Dr. James

“We believe these neuron networks were stuck in the trauma-encoding phase,” said lead author Lisa James, PhD. “The trauma had a hold on them. They weren’t available to encode new information.” She compared the phenomenon to a “phone network where every line is busy.”

NEW VA STUDY YIELDS POTENTIAL BIOMARKER FOR PTSD-RESISTANT BRAINS

Scientists at the Minneapolis VA Brain Sciences Center have identified patterns of brain activity that appear to be a marker of resilience to trauma. They say the findings, published online Feb. 20 in *JAMA Psychiatry*, “point to a central mechanism in recovery” from post traumatic stress disorder (PTSD).

The researchers suggest the findings may also help explain why some people who are exposed to trauma never develop PTSD in the first place.

Using a type of brain scan called magnetoencephalography, or MEG, the team compared the brains of nearly 200 Veterans. All had been exposed to potentially traumatic events—in combat or in other life situations—but only 86 of them had gone on to develop PTSD. MEG detects magnetic fields that are produced above the head when groups of brain cells “talk” to each other. The MEG scans of PTSD-affected brains showed clusters of neurons that were locked into long-term interactions with other clusters.

The non-PTSD volunteers showed no such patterns. Their neural networks were flexible, adaptable, available. They were free to link up with other neuron groups as needed to react to new incoming experiences. The scientists call this “decorrelation.” “This is a biomarker of resilience,” said James. “The deficit that we see in PTSD is the absence of that ability to modulate.”

Coauthor Brian Engdahl, PhD, used another analogy, that of a handshake, to describe how healthy neural networks respond to traumas: “When a trauma comes in, everyone [populations of neurons within the brain] is shaking hands tightly. The neurons are very tied up with processing this experience. Over time, the handshake weakens. It gets less intense. The network eventually gets released and is free to respond to other events.” In normal brains, the traumatic memory eventually gets consolidated and deposited in other brain regions. The neuron groups that initially processed the trauma move on to new tasks. The memory remains housed in the brain, but it’s not pathological. It doesn’t impair function.

The brain area where the researchers saw the sharpest difference between the two groups of study volunteers was the right superior temporal gyrus. Part of this brain region helps with auditory processing, but the researchers said the area they were probing was a deeper part of the superior temporal gyrus, the role of which is not clearly known “It’s a no man’s land,” said senior author Apostolos Georgopoulos, MD, PhD, director of the Brain Sciences Center at the Minneapolis VA. He did point out, though, that some studies have linked the region to the re-experiencing of past events, which clearly plays a role in PTSD.

Story by Mitch Mirkin, VA Office of Research & Development

Milestones – Congratulations!

45 YEARS Harold Gentz Environmental Health Donald C. Cooper VISN23	Patricia H. Dickison Education Nguyen N. Hung IT VISN23 Marilyn Laing Chief of Staff Office Daniel Schmidt Primary Care Kristine Ensrud Primary Care	Steven Nelson Mental Health Rayne Starks Extended Care Tracy Hale Extended Care Patricia A. Kleis Education Kim D. Sandhofer Specialty Care	Myrna Jirik Primary Care Denise Y. Lingen Office of the Director Holli M. Trombley Counseling Michael Jacobson Environmental Health Richard Waddell IT 10 YEARS Thomas Garvey Twin Ports Clinic Bryan Showalter Engineering Brandon Meyer Engineering Joyce Foucher Specialty Care Kara Jackson Pharmacy	Cymbeline Leiviska Primary Care Susan Horne Primary Care Michelle Stinnett Extended Care Fidela Villanueva Extended Care Lilia Petersen Extended Care Brenda Bassignani Extended Care Erik G. Strom Imaging Elisabeth Gaboury Extend Care Douglas D. Frazee Primary Care
40 YEARS Linda J. Kolosky Primary Care 35 YEARS John B. Rein Nutrition/Food Service 30 YEARS Debra A. Olson Primary Care Pamela S. Schori Path and Lab Med Mary Faraci Nursing Service 25 YEARS Marjorie K. Masley Mental Health	20 YEARS Scott Sponheim Mental Health Lyle Johnson Twin Ports Shawn Morrison IT VISN23 Kelvin Lim Extended Care Charles Schultz Prosthetics	Michelle Torborg Pharmacy 15 YEARS Lawrence Corrigan Engineering Lawrence Fortier IT VISN23 Paul Thuras Mental Health		

PROTEIN COULD SIGNAL RISK OF HIP FRACTURE

A protein called cystatin C has long been used as a marker of kidney function. As kidney function declines, the levels of the protein in blood go up. In recent years, it has also been investigated as a portent of worsening heart health, and even Alzheimer's disease. Now, study findings (*Journal of Bone and Mineral Research*, online Jan. 8, 2013) from a team with VA and the University of Minnesota suggest the protein may help identify older people at high risk of hip fracture. The researchers tracked the outcomes of nearly 1,500 women who had given blood samples in the late 1990s as part of an ongoing study on osteoporosis and fractures. The study participants with the highest levels of cystatin C were nearly twice as likely to break a hip in the additional years of follow-up, compared with women with the lowest levels. Other traditional markers of kidney function—creatinine or glomerular filtration rate—showed no such connection with fracture risk. The cystatin link held true even when researchers adjusted for age, body mass index, and hip bone mineral density. The study team included researchers at VA's Minneapolis-based Center for Chronic Disease Outcomes Research. Based on the results, they say cystatin C is a "promising biomarker for identification of older adults at high risk of hip fracture."

News and Notes

MINNEAPOLIS VA TO USE ROBOTIC SURGERY SYSTEM

Minneapolis VA Medical Center will soon begin using the DaVinci Surgical Robot. The system arrived in January and should be operational in March. The robot allows surgeons to perform delicate procedures with unprecedented precision that results in less pain, blood loss, a quicker return to normal activities and less post-surgical scarring. Surgeons using the robot receive specialized training. The robot is controlled by the surgeon from a separate console in the operating room. The surgeon's hand movements are precisely translated by advanced software to the instrument which is held by the robot. The robot will be used to perform select procedures that are currently performed with an open or laparoscopic technique such as nephrectomies.



VA HIRES MORE MENTAL HEALTH PROFESSIONALS

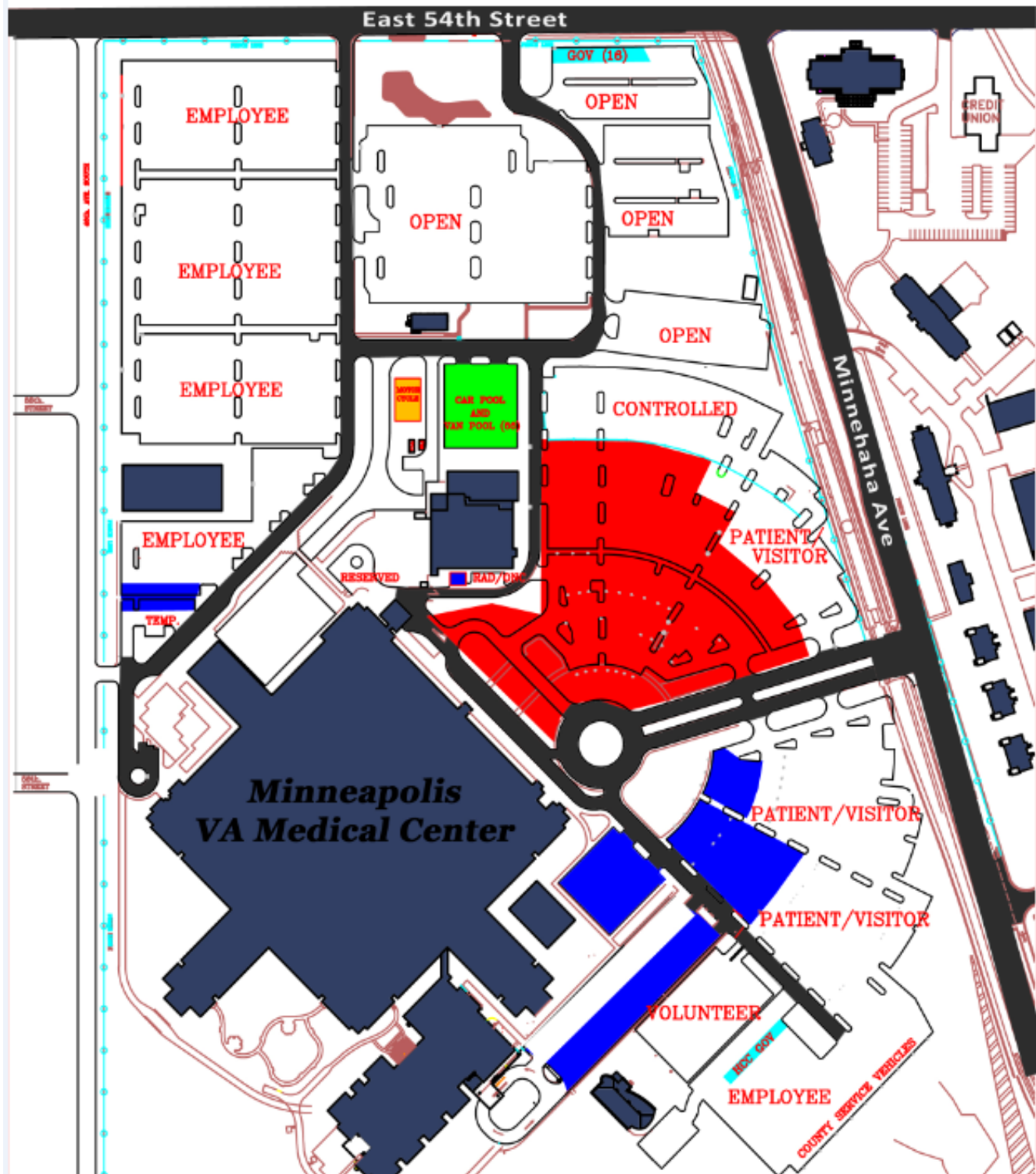
The VA announced Feb. 11 that it has made significant progress in providing increased access to mental health care services for our Nation's Veterans by hiring new mental health professionals. Last year, Secretary Eric K. Shinseki announced a goal to hire 1,600 new mental health clinical providers and 300 administrative support staff. The President's Aug. 31, 2012, Executive Order requires the positions to be filled by June 30, 2013. As of Jan. 29, VA has hired 1,058 mental health clinical providers and 223 administrative support staff in support of this specific goal. Overall, VA has set aggressive goals to fill these new positions as well as existing and projected mental health vacancies within the VA system. As of Jan. 29, VA had hired a total of 3,262 mental health professionals and *administrative support staff to serve Veterans* since the goal was announced, which includes the new 1,058 mental health clinical providers and 223 administrative support staff. The mental health professionals hired include psychiatrists, psychologists, social workers, mental health nurses, licensed professional mental health counselors, licensed marriage and family therapists, and addictions therapists. Minneapolis VA has hired 20 of its 24 new staffers as part of the expanded program.



No Veteran should be homeless

Call 1-877-4AID VET to help yourself or someone in need.

Parking Plan During Garage Construction



CODE:


- CONSTRUCTION ZONE
- HANDICAP PARKING
- CAR/VAN POOL
- GOVERNMENT VEHICLES
- MOTORCYCLES

Construction of the enclosed parking garage begins April 1. This map indicates assigned parking. "Open parking" is for patients, visitors and employees. Employees should contact human resources for information on the metro transit program.

2013 "SALUTE TO VETERAN PATIENTS"



On Feb. 14, Political guests, Beauty Queens, Veteran Service Organization State Commanders & Presidents, County Veteran Service Officers, VAVS Committee members and VA staff visited our inpatients and distributed over 2,200 valentines created by Minnesota school children

MACV
MINNESOTA ASSISTANCE COUNCIL FOR VETERANS

Minnesota Assistance Council for Veterans invites you to participate in a free:


DROP-IN LEGAL CLINIC FOR VETERANS:

CHILD SUPPORT & FAMILY, EMPLOYMENT, BENEFITS, EXPUNGEMENT & DEBT COLLECTION

Tuesday, March 12, 2013 | 9am-2pm | VA Medical Center
Flag Atrium Balcony Room 25 114 (ask information desk for directions)
1 Veterans Drive | Minneapolis, MN | FREE Parking at the VA Medical Center

Attorneys, MACV staff, County Veterans Service Officers, and child support officers will be available throughout the day to assist veterans with questions, legal forms, and counsel.

For more information contact: Sara Sommarstrom – MACV | 651.224.0292
ssommarstrom@mac-v.org



New Building for VA Outpatient Clinic In Maplewood, Minn

Dedication Event & Open House

March 15, 1-4 p.m.

**1725 Legacy Parkway East
Maplewood, MN 55109**



"On the Beat" is published bi-monthly for patients, employees, volunteers and friends of the Minneapolis VA Health Care System.

Editorial Staff

Public Affairs Officer

Ralph Heussner

Photographer

April Eilers

Contributor

Mitch Mirkin, ORD

Comments:

Public Affairs Office, 4V-106

Minneapolis VAMC

One Veterans Drive

Minneapolis, MN 55417

Connect with us on:

www.minneapolis.va.gov



VA HEALTH CARE
Defining EXCELLENCE
in the 21st Century

www.facebook.com/VAMinneapolis



Email Updates

You can sign up to receive regular news and announcements through Gov Delivery. Go to the website and enter your email address.



☐ Email Updates

MOVE Weight Management Program



The MOVE Weight Management Program is a national VA program to help Veterans lose weight, keep it off, and improve their health.

- Emphasis on health and wellness through nutrition, physical activity, and behavior change
- Lifetime and lifestyle focus with achievable goals
- Patient centered
- Tailored to meet individual needs
- Regular follow-up and support

Who can join?

MOVE is a program that is available to VA enrolled Veterans with a [Body Mass Index \(BMI\)](#) of 25 or greater, feels they can benefit from MOVE and is motivated to make lifestyle changes.

Optional enrollment is for Veterans ages 70 years or older or those at a BMI less than 30 without co-morbid conditions.

How can I find out more?

At your annual VA primary care appointment, you will be asked if you are interested in losing weight and if you want to learn more about MOVE. If you do, contact information will be provided.

If you have questions, call 612-629-7388 or 1-866-414-5058 ext 7388.

You may also use the drop box on Ward 4E. Complete a MOVE interest form provided and a MOVE staff member will process the request. For folks with a BMI of 35 or greater may go to the Patient Education Center (Room 1S-134) or call 612-467-4212 to schedule a time to watch a DVD about MOVE and complete initial paperwork.

MOVE 23 Questionnaire:

The first step to enroll in MOVE is to complete the [MOVE 23 questionnaire](#) at <http://www.move.va.gov/move23.asp>

This may be completed at the first MOVE visit or on-line at www.move.va.gov. Click on MOVE 23 questionnaire and answer the questions. Print the survey reports and the handouts and record the retrieval code. Give the retrieval code to MOVE staff at the first visit.